






<p>Research Paper in Education</p>	    
<p>Dr. Pulak Chandra Devnath</p> <p>Assistant Professor, Department of Education, Government Kamalanagar College, Chawngte, Lawngtlai, Mizoram</p>	<p>Health of the Chakma Women in Mizoram with Special Reference to CADC</p> <p>Abstract</p> <p>Health is an important indicator of education and socio-economic development. Women health is very important on which all the home and family management depends. Health of the women in rural and tribal area is badly affected compare to urban and plans area. Health facilities in rural and tribal area are also not up to the mark like urban area. The people of the rural and tribal area are also not highly educated and number of illiterate is more. Most of the people in rural area even do not have the basic first-aid and health consciousness. The CADC (Chakma Autonomous District Council) is the most backward district in the state of Mizoram and literacy rates in this district is very less compare to state average. So many studies have been conducted on the women’s health in the country but no study has been conducted on the Chakma women in CADC that is why the researcher has conducted this study. The main concern of this paper is to study the health conditions of the Chakma women in Mizoram with special reference to CADC.</p>

Introduction

Health is considered as a fundamental human right and a worldwide social quality life. A healthy person is an asset to the society. A person can be considered as healthy only if she/he is physically, mentally and socially well. A person is healthy only if she/he is free from diseases and all the organs of the body function normally in relation to age and sex. She/he understands his/her emotions, instincts and the tendencies, which further lead to understand other’s emotions, trait and behaviour. Health of women is not merely a state of physical well being but also an expression of many roles they play as wives, mothers, health care providers in the family and in the changed scenario even as wage earners. Women in the past have suffered on account of neglect and discrimination, as a result of which, their health status has remained below the desired levels. Women have been subdued and continue to be so under the dominance of a complex socio-cultural web, which conditions them to cope silently and not complain regarding their multifaceted health problems. The rigid societal hierarchies have conditioned them to suppress their needs, sublimate their selves in a philosophy of self-denial, self-effacement and service. Thus women are suffering from double jeopardy, on

one end is the unequal socio-economic order and on the other end is the subordination and deprivation at home and in the society. In the Indian context the female children before, during and after the birth have suffered a neglect, which is reflected in their higher infant mortalities, low proportion in the total population, female infanticide and even feticides, and lower levels of nutrition. Besides hospitalized health care, female children are being neglected even in terms of feeding practices as well. But the health picture of Indian Women is still not satisfactory.

Women's health refers to health issues specific to female anatomy. These often relate to structures such as female genitalia and breasts or to conditions caused by hormones specific to, or most notable in, females. Women’s health issues include menstruation, contraception, health, child, menopause, and breast cancer. They can also include medical situations in which women face problems not directly related to their biology, for example gender-differentiated access to medical treatment.

CADC (Chakma Autonomous District Council)

The Chakma Autonomous District Council was formed under the Sixth schedule of the Constitution of India on April 29, 1972. It is one of the three Autonomous District Councils of Mizoram

state in North-East India. It is an autonomous council for ethnic Chakma people living in South-Western Mizoram bordering Bangladesh and Myanmar. The literacy rate of Chakma Autonomous District Council is 57% as per census conducted by the Education Department of CADC in the year 2001.

Objective of the Study

The main objective of the research was to study the health conditions and the major health difficulties suffered by the Chakma women in Mizoram with special reference to CADC.

Population and Sample

The total population in CADC is 55,413 (Village Council Population, 2015). There are 20 MDC Constituency including 83 Villages. So the researcher has selected one village i.e., Udalthana-I for the study. There are 274 families in Udalthana-I and their total number of population is 1126. The researcher has selected 50 families from Udalthana-I for the sample of the study.

Tool: Family Health Information Blank has been prepared by the investigator.

Analysis and Interpretation of Data

Table 1: No. of Female Member in the Family

No. of Members	No. of Family	Total Population
1	19	19
2	17	34
3	10	30
4	3	12
5	1	5
Total	50	100

Table-1 shows that in all the 50 sampled family, out of 206 total populations only 100 peoples are found female.

Table 2: Level of Education/Educational Qualification of House-Wife

Level of Education/Educational Qualification	No. of House-wife
Nil	28 (56%)
Primary (I-IV)	13 (26%)
Upper Primary(V-VIII)	5 (10%)
High School(IX-X)	4 (8%)
H.S.L.C	0
H.S.	0
B.A.	0
Total	50

Table-2 shows that 56% house-wife i.e. 28 housewife out of 50 family don't have any formal education. Only very few i.e. 36% of the house-wife has completed only primary and upper primary level of education. Only 8% housewife reached in high school level of education but nobody reached at higher level of education. Here, it is seen that women are very backward in education compare to men.

Table 3: No. of Housewife Having Health Problems or Suffering from Disease

Response	N
Yes	6 (12%)
No	44 (88%)
Total	50

Table-3 shows that 12% housewife has been suffering from headache problem and 88% housewife viewed that nobody has been suffering from any health problems or diseases.

Table 4: No. of Housewife Faced Problem during Pregnancy

Response	N
Yes	49 (98%)
No	1 (2%)
Total	50

Table-4 shows that 98% women had faced problem during their pregnancy and 2% housewife viewed that they did not face any problem during their pregnancy. Cent percent housewife viewed that they faced problem during delivery of baby.

Table 5: No. of Housewife Having Menopause

Response	N
Yes	1 (2%)
No	49 (98%)
Total	50

Table-5 shows that out of 50 sampled housewife only 2% housewife having menopause but they didn't report any kind of physical problems. 98% housewife respond they do not having menopause.

Table 6: Members Having Eye Problems/Visual Difficulty

Response	No. of Housewife
Yes	12 (24%)
No	38 (76%)
Total	50

Table-6 shows that 24% housewife is having their eye problems and 76% housewife responds that

they do not having any kind of eye problems which means their visual acuity is good like a normal person.

Table 7: No. of Women Suffered From Frequent Urination or Painful Urination (Cystitis)

Response	No. of Housewife
Yes	6 (12%)
No	44 (88%)
Total	50

From Table-7, 12% housewife are having or suffered from frequent urination or painful urination which is called cystitis and 88% housewife not suffered from cystitis.

Table 8: Irregularities in Menstrual Cycle

Response	No. of Housewife
Yes	9 (18%)
No	41 (82%)
Total	50

Table-8 shows that 18% housewife viewed that they are having irregular menstruation and 82% housewife viewed that they are not having such kind of anomalies in their menstruation cycle.

Table 9: No. of Women Having Different Type of Diseases

Type of Diseases	No. of Housewife
Breast pain	0
Breast Cancer	0
Breast lumps	0
Burning sensation of sexual organ	0
Frequent discharge of white fluid	0
Asthma	0
Skin diseases	6 (12%)
Night sweats	0
Sleeplessness	0
High Blood Pressure	0
Low Blood Pressure	1 (2%)
T.B.	0
Diabetes	0
Chronic lung disease	0
Cancer	0
Nil	43 (86%)
Total	50

Table-9 shows that 12% housewife has been suffering from skin disease, 2% housewife having low blood pressure and 86% housewife viewed that they are not having any diseases like breast pain, breast

lumps, breast cancer, asthma, T.B., diabetes, cancer, chronic lung disease etc.

Table 10: No. of Women Having Frequent Headache

Response	No. of Housewife
Yes	16 (32%)
No	34 (68%)
Total	50

Table-10 shows that 32% housewife having frequent headache and 68% housewife not having frequent headache.

Table 11: Smoking Habit among the Women

Response	No. of Housewife
Yes	17 (34%)
No	33 (66%)
Total	50

Table-11 shows that 34% women smoke and 66% percent housewife do not smoke.

Table 12: Tobacco Habit among the Women

Response	No. of Housewife
Yes	38 (76%)
No	12 (24%)
Total	50

From Table-12, out of 50 sampled housewife 76% housewives have taking tobacco and 24% do not take tobacco.

Table 13: Alcohol Habit among the Women

Response	No. of Housewife
Yes	12 (24%)
No	38 (76%)
Total	50

From Table-13, 24% housewife take alcohol and 76% housewife do not take alcohol.

Results & Discussions

Education of the house-wife is one of the most important factors because the better education creates better healthy environment. The study shows that 56% house-wife i.e. 28 housewife out of 50 family don't have any formal education. Only very few i.e. 36% of the house-wife has completed only primary and upper primary level of education. Only 8% housewife reached in high school level of education but nobody reached at higher level of education. Here, it is seen that women are very backward in education compare to men.

Good health only depends on if we drink safe and pure hygienic water. The study reveals that 74% household drink normal water, 12% household drink

boiled water and 14% household viewed that they drink filtered water. Here, it is seen that most of the people drink unhygienic water which they collect from the river or reserved supply water which is not purified.

The study shows that 12% housewife has been suffering from headache problem and 88% housewife viewed that nobody has been suffering from any health problems or diseases. Out of 50 sampled housewife only 2% housewife having menopause but they didn't report any kind of physical problems. 98% housewife respond they do not having menopause. The study found that 12% housewife are having or suffered from frequent urination or painful urination which is called cystitis and 88% housewife not suffered from cystitis. The study shows that 18% housewife viewed that they are having irregular menstruation and 82% housewife viewed that they are not having such kind of anomalies in their menstruation cycle.

Smoking is also prevalent among the Chakma women. The study found that 34% women smoke and 66% housewife do not smoke. Tobacco habit is more prevalent among the Chakma women. Out of 50 sampled housewife 76% viewed that they have tobacco taking habit and 24% do not take tobacco. It also shows that 24% housewife viewed that they take alcohol and 76 percent housewife do not take alcohol.

There is no dispensary or hospital or primary health centre in Udalthana village. The housewife of the sampled village viewed that it is very difficult to get health services in that place because they face problem in emergency health problems.

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